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Bib Data Sheet

CONFIRMATION NO. 4860

<b>SERIAL NUMBER</b> 09/367,859	<b>FILING DATE</b> 09/02/1999 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 5352-051	
<b>APPLICANTS</b> JAMES SAMSOONDAR, CAMBRIDGE, CANADA;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/CA97/00759 10/16/1997 WHICH CLAIMS BENEFIT OF 60/038,554 03/03/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/12/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Initials</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Schwegman, Lundberg, Woessner & Kluth, P.A. P.O. Box 2938 Minneapolis, MN 55402					
<b>TITLE</b> METHOD AND APPARATUS FOR MEASUREMENT OF BLOOD SUBSTITUTES					
<b>FILING FEE RECEIVED</b> 420	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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